

Message Text

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ACTION IO-13

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UNCLAS SECTION 1 OF 2 GENEVA 3762

DEPT ALSO PASS OIH/DHEW

E.O. 11652: N/A
TAGS: AORG WHO
SUBJECT: PREPARATIONS FOR HEARINGS BY THE SENATE COMMITTEE
ON GOVERNMENT OPERATIONS ON "US PARTICIPATION IN
INTERNATIONAL ORGANIZATIONS"

REF: STATE 100272

FROM ITS INCEPTION, WHO'S PROGRAMS WERE TWO-FOLD: 1) PRO-
VISION OF DIRECT HELP AND GUIDANCE TO COUNTRIES IN ORGANIZING
PARTICULAR ASPECTS OF THEIR HEALTH SERVICES; 2) SERVICES IN
BEHALF OF GENERAL INTERNATIONAL HEALTH SUCH AS STATISTICAL
NOMENCLATURES AND DEFINITIONS, STANDARDS FOR DRUGS AND BIO-
LOGICALS, AND STANDARD DESCRIPTIONS OF STRAINS AND TYPES OF
BACTERIA AND OTHER MICRO-ORGANISMS.

WHO PROGRAMS IN 1948 CONCENTRATED HEAVILY ON ALLEVIATING
THE DEVASTATION AND COLLAPSE OF HEALTH INFRASTRUCTURES IN
EUROPE. THERE WERE ACUTE POST-WAR SITUATIONS INVOLVING TUBER-
CULOSIS, MALNUTRITION, WATER SUPPLIES, WASTE DISPOSAL, AND
MALARIA. IN 1950, WHO MEMBERSHIP TOTALLED 75, ITS BUDGET \$5
MILLION, AND ITS PRINCIPAL ACTIVITIES WERE AIMED TOWARD
STRENGTHENING OF HEALTH SERVICES AND ASSISTANCE IN COM-
MUNICABLE DISEASES.

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AS THE EUROPEAN SITUATION WAS BROUGHT UNDER CONTROL
AND MEMBERSHIP GREW (WITH MORE LDCS), ACTIVITIES EXPANDED
AROUND THE WORLD, BUT WERE STILL FOCUSSED ESSENTIALLY ON
ACUTE SITUATIONS - E.G., MALARIA, SMALLPOX, OTHER SERIOUS
COMMUNICABLE DISEASES, GASTROENTERITIS, STARVATION/MAL-
NUTRITION, AND SANITATION, WHICH WERE HAMPERING DEVELOP-

MENT.

AFTER THE FIRST TEN YEARS, THE SIZE OF THE BUDGT AND THE WORK OF THE ORGANIZATION ALMOST TREBLED. AS THE ORGANIZATION RESPONDED TO THE CHANGING NEEDS OF MEMBER COUNTRIES, THE NUMBER AND RANGE OF PROJECTS GREW. THE CHARACTER OF THE PROJECTS ALSO CHANGED. THE SINGLE PROJECT OR SERVICE OF LIMITED SCOPE WAS INCREASINGLY REPLACED BY THE COMPREHENSIVE PROJECT DESIGNED TO ASSIST DEVELOPING COUNTRIES OR ORGANIZE THEIR OWN HEALTH SERVICE. PROJECTS BECAME MORE FULLY PLANNED AND MORE CAREFULLY CONTROLLED. BY THE END OF THE FIRST DECADE, WHO HAD DEVELOPED A PROCEDURE WHEREBY PROJECTS WERE PRECEDED BY AN EPIDEMIOLOGICAL REVIEW, AND FOLLOWED BY AN ANALYSIS OF THE WORK DONE. THE MEMBERSHIP HAD GROWN TO 85 AND THE BUDGET TO \$13,566,130. A NEW PROGRAM EMPHASIS WAS ADDED: HEALTH MANPOWER DEVELOPMENT.

AS MEMBERSHIP SWELLED FURTHER AND IT BECAME MORE AND MORE APPARENT HOW GREATLY NEEDS EXCEEDED RESOURCES, WHO GAVE INCREASED ATTENTION TO HEALTH PLANNING AND THE ESTABLISHMENT OF GLOBAL PRIORITIES AS A REFLECTION OF THE WORLD'S HEALTH NEEDS. ITS STATURE GREW, AND IT INCREASINGLY BECAME THE RECIPIENT OF EXTRA-BUDGETARY FUNDS TO SUPPORT WORTHWHILE PROGRAMS THE REGULAR BUDGET COULD NOT FUND.

THE "EASIER" PROBLEMS GRADUALLY RESPONDED TO EXISTING TECHNOLOGY, BUT MORE NEEDED TO BE DONE TO COORDIN-

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ATE ON-GOING RESEARCH AND TO IDENTIFY GAPS IN MEDICAL KNOWLEDGE. WHO'S ROLE AS A CATALYST BECAME INCREASINGLY IMPORTANT. BY 1967 WHO MEMBERSHIP HAD GROWN TO 119; THE BUDGET WAS NOW \$54,717,890; AND AS THE SCIENTIFIC BASIS OF MEDICINE AND HEALTH EXPANDED, NEW TECHNICAL PROGRAMS WERE ADDED, FOR EXAMPLE, RADIATION MEDICINE, INSECTICIDE RESISTANCE, ANTIBIOTIC RESEARCH AND PRODUCTION, AND ENVIRONMENTAL POLLUTION.

THUS, ACTIVITIES OF THE FIRST FEW YEARS, DESIGNED CHIEFLY TO MEET EMERGENCIES, GAVE WAY TO LONGER TERM PROGRAMS THAT WERE PLANNED IN ADVANCE. PROJECTS AIMED AT BRINGING ABOUT A LIMITED ADVANCE GAVE WAY TO EDUCATION AND TRAINING FROM WHICH A LONG TERM GAIN COULD BE EXPECTED; AND EMERGENCY ACTION TO CONTROL COMMUNICABLE DISEASES GAVE WAY TO INVESTIGATION OF THEIR FUNDAMENTAL CAUSES AND TO THEIR CONTROL OR ERADICATION. EXAMPLES INCLUDE SMALLPOX, MALARIA AND, RECENTLY, TROPICAL DISEASES AND THE EXPANDED PROGRAM OF IMMUNIZATION.

THE PHILOSOPHY OF THE ORGANIZATION ALSO UNDER-
WENT A CHANGE. AT ITS INCEPTION WHO CONCEIVED OF ITS
PRINCIPAL ROLE AS ONE OF PROVIDING TECHNICAL ASSISTANCE
TO RESPOND TO EMERGENCY SITUATIONS FOLLOWING THE WAR.
THIS PHILOSOPHY WAS MOST EVIDENT IN THE DEVELOPMENT OF THE
SUCCESSIVE GENERAL PROGRAMS OF WORK CONVERGING SPECIFIC
PERIODS, WHICH SPELLED OUT THE PROGRAMS OF THE ORGANIZATION
OVER FOUR- OR FIVE-YEAR PERIODS. THE EMPHASIS WAS ALWAYS
ON RESPONDING TO COUNTRY REQUESTS. RARELY, IF AT ALL,
DID THE WHO SECRETARIAT QUESTION A MEMBER STATE'S DESIRE
FOR A SPECIFIC PROJECT.

THE EARLIER DONOR-RECIPIENT RELATIONSHIP HAS
NOW GIVEN WAY TO ONE THAT MORE NEARLY RESEMBLES A PARTNER-
SHIP. THE PRE-EMINENT GOAL NOW IS THE ACHIEVEMENT OF
SELF-RELIANCE BY THE LDCS DEVELOPING AFFORDABLE HEALTH
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DELIVERY SYSTEMS IN COOPERATION WITH THEM.

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ACTION IO-13

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-----161006Z 016156 /17

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UNCLAS SECTION 2 OF 2 GENEVA 3762

DEPT ALSO PASS OIH/DHEW

BEGINNING WITH THE FIFTH GENERAL PROGRAM OF
WORK (1973-1977) WHO STRENGTHENED ITS LEADERSHIP ROLE.
THE PROGRAM DELINEATED ACTIVITIES, SET PRIORITIES, AND
PROVIDED FOR PROGRAM EVALUATION THROUGH THE SETTING OF
TARGETS AND GOALS. THIS INITIAL EFFORT WAS FURTHER REFINED

IN THE DEVELOPMENT OF THE SIXTH GENERAL PROGRAM OF WORK (1978-1983), IN WHICH SPECIFIC PROGRAMS WERE SET FORTH IN ACCORD WITH THE EMERGING PRIORITIES OF THE ORGANIZATION. TODAY, 1977, THE MEMBERSHIP STANDS AT 150, AND THE EFFECTIVE WORKING BUDGET IS \$147,184,000. THE BIG PROGRAMS ARE: DEVELOPMENT OF COMPREHENSIVE HEALTH SERVICES, DISEASE PREVENTION AND CONTROL, PROMOTION OF ENVIRONMENTAL HEALTH, HEALTH MANPOWER DEVELOPMENT, AND PROMOTION AND DEVELOPMENT OF BIOMEDICAL AND HEALTH SERVICES RESEARCH.

ANOTHER SIGNIFICANT DEVELOPMENT HAVING LONG-TERM IMPLICATIONS FOR WHO IS THE EMPHASIS AIMED AT ENHANCING WHO'S COORDINATING ROLE. OPERATING IN THIS CONTEXT, WHO SHOULD NOT MERELY RESPOND TO REQUESTS OF MEMBER STATES. INSTEAD, SUCH REQUESTS MUST INCREASINGLY CONFORM TO THE PRIORITIES AGREED UPON BY THE ASSEMBLY AND BOARD AND TO THE CRITERIA SPELLED OUT IN THE FIFTH AND SIXTH GENERAL PROGRAMS OF WORK. WHEN THEY DO NOT, THE DG HAS WARNED MEMBERS THAT HE IS PREPARED TO MAKE AN UNCLASSIFIED

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ISSUE OF IT. AND IT IS CLEAR THAT HE INTENDS, WITHIN THE BUNDS OF PRUDENCE, TO PROVIDE SUPPORT ONLY IN THOSE AREAS WHERE WHO PRIORITIES ARE RESPECTED.

CONSISTENT WITH THIS NEW DEVELOPMENT IS THE RECENT DIRECTION OF THE ORGANIZATION'S PROGRAMS OF TECHNICAL COOPERATION. THE CONCEPT, "TECHNICAL COOPERATION", DIFFERS SIGNIFICANTLY FROM THAT OF TECHNICAL ASSISTANCE ACTIVITIES OF THE PAST, WHICH COMPRISED COUNTRY PROJECTS CONCERNED AND DIRECTED BY WHO IN A "DONOR-RECIPIENT" CONTEXT. THE PRINCIPLE OF TECHNICAL COOPERATION IS BASED ON A COLLABORATIVE PARTNERSHIP BETWEEN WHO AND MEMBER GOVERNMENTS AND IN WHICH WHO WORKS WITH MEMBERS IN IDENTIFYING THEIR HEALTH NEEDS AND CONCOMITANT PRIORITIES BASED ON COUNTRY HEALTH PROGRAMMING, WITH THE OBJECTIVE OF PROMOTING NATIONAL AND REGIONAL SELF-RELIANCE IN HEALTH MATTERS.

THE GOVERNING BODIES HAVE NOW ESTABLISHED A FORMAL SET OF PROCEDURES FOR PROGRAM-BUDGET PROPOSALS, REVIEW AND EVALUATION -- STARTING AT THE REGIONAL LEVEL, TO HEADQUARTERS, TO THE EXECUTIVE BOARD PROGRAM COMMITTEE, THE EB ITSELF AND THE WHA. THE DG'S OBJECTIVE IS CLEARLY TO INCREASE REGIONAL AND COUNTRY INVOLVEMENT IN THE WHOLE PROCESS, AND AT THE SAME TIME TO MAKE THIS INVOLVEMENT REFLECT INCREASED CONCERN FOR THE MEDICALLY LESS PRIVILEGED POPULATIONS.

A NOTABLE ASPECT OF THIS PHILOSOPHY OF WHO, AS REFLECTED IN THE DG'S POLICY STATEMENTS, IS ITS RECOGNITION

OF THE KEY ROLE THAT VOLUNTARY SUPPORT MUST PLAY IN THE
WORLD PROGRAM. THE CG CONSTANTLY RECALLS THAT THE WHO
REGULAR BUDGET REPRESENTS A TINY FRACTION OF WHAT IS
NEEDED, AND THAT WHO'S RESPONSIBILITIES ARE TO HELP MEMBER
COUNTRIES TO MORE EFFECTIVELY UTILIZE THEIR OWN RESOURCES,
AND TO ASSIST IN DEVELOPING HEALTH PROGRAMS THAT CAN
ATTRACT EXTRA-BUDGETARY FUNDING. WHO'S INCREASING
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RELIANCE ON THIS LATTER FORM OF SUPPORT IS EVIDENCE BY
THE FIGURES (WHICH IO/HDC CAN SUPPLY).
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